

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554517

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		1		1		
4		2		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14	/		/			
15		1		1		
16		1		1		
17	/		/			
18	/		/			
19	/		/			
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		6		1		
26		6		1		
27		0		1		
28		0		1		
29		0		1		
30		0		1		
31		0		1		
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TOTAL IND.	5		6			
TOTAL DEP.	43		31			
TOTAL CLAIMS	48		37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						